

STATE OF TEXAS **227-01-1 227-01** CERTIFICATE OF DEATH **E8530 00** STATE FILE NO. **71191**

1. PLACE OF DEATH
a. COUNTY **Travis**
b. CITY OR TOWN (If outside city limits, give precinct no.) **Austin**
c. LENGTH OF STAY in l b. **10 years**
d. NAME OF (If not in hospital, give street address) HOSPITAL OR INSTITUTION **1701 W. 11th Street**
e. IS PLACE OF DEATH INSIDE CITY LIMITS? YES ☒ NO ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE **Texas** b. COUNTY **Travis**
c. CITY OR TOWN (If outside city limits, give precinct no.) **Austin**
d. STREET ADDRESS (If rural, give location) **1701 W. 11th Street**
e. IS RESIDENCE INSIDE CITY LIMITS? YES ☒ NO ☐ f. IS RESIDENCE ON A FARM? YES ☐ NO ☒

3. NAME OF DECEASED (Type or print)
(a) First **LINDA** (b) Middle **LORITA** (c) Last **MILLER**
4. DATE OF DEATH **8-27-77**

5. SEX **Female** **6. COLOR OR RACE** **White** **7. Married** ☒ **Never Married** ☐
Widowed ☐ **Divorced** ☐
8. DATE OF BIRTH **Aug. 2, 1947** **9. AGE** (In years last birthday) **30**
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Homemaker** **10b. KIND OF BUSINESS OR INDUSTRY** **Same as 10a**
11. BIRTHPLACE (State or foreign country) **Oklahoma City, Okla.** **12. CITIZEN OF WHAT COUNTRY?** **USA**

13. FATHER'S NAME **Not available** **14. MOTHER'S MAIDEN NAME** **Not available**
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **No** (If yes, give war or dates of service) **- - - - -** **16. SOCIAL SECURITY NO.** **289-42-4591**
17. INFORMANT **Wally Stopher (Husband)**

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) **Pending**
DUE TO (b) **- - - - -**
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last **- - - - -**

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) **19. WAS AUTOPSY PERFORMED?** YES ☒ NO ☐

20a. BUREAU OF VITAL STATISTICS **20b. DESCRIBE HOW INJURY OCCURRED.** (Enter nature of injury in Part I or Part II of Item 18.) **- - - - -**

20c. TIME OF INJURY Hour **11:56** a.m. Month **8** Day **27** Year **77**
20d. INJURY OCCURRED **20e. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office building, etc.) **Home** **20f. CITY, TOWN, OR LOCATION** **Austin** **COUNTY** **Travis** **STATE** **Texas**

21. Inquest held at 1:40 p.m. on August 27, 1977. Death occurred at 12:04 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE **J. WALLACE GRAHAM** **22b. ADDRESS** **P.O. Box 1748 Austin, Texas** **22c. DATE SIGNED** **9-3-77**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Cremation** **23b. DATE** **September 7, 1977** **23c. NAME OF CEMETERY OR CREMATORY** **Sunset Memorial Park Crematory**
23d. LOCATION (City, town, or county) **San Antonio** (State) **Texas** **24. FUNERAL DIRECTOR'S SIGNATURE** **Weed-Corley Funeral Home: G.W. Simon #5501**
25a. REGISTRAR'S FILE NO. **1399** **25b. DATE REC'D BY LOCAL REGISTRAR** **SEP 06 1977** **25c. REGISTRAR'S SIGNATURE** **A. Misenbach M.D. AUSTIN, TEXAS**

TEXAS DEPARTMENT OF HEALTH RESOURCES

MEDICAL CERTIFICATION

VS-112, REV. 1/58

#229-9/3/77
 verified by Moller & office
 #171 - correct
 #236-9-7-77
 Ref: 10/1/77
 to be filed by F.H.
 980 Muench
 42 CD 181
 REC'D
 ENT'D

37

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